

**Order Vacating Term of Supervised Release and
Closing Case Due to Notice of Death**

FILED

**UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF CALIFORNIA**

SEP 26 2008

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY  CLERK

United States of America

vs.

Johnny Christopher Rowin

Docket Number: 200CR00468-02 FCD

On January 7, 2002, the above-named defendant was sentenced to 48 months prison with a 12 month term of supervised release to follow. On September 17 2008, our office was notified by the Bureau of Prisons that Mr. Rowin died on August 15, 2003. This was confirmed by Mr. Patrick Trudgeon, Deputy Coroner on October 29, 2003 (attached is a copy of the Certificate of Death).

It is accordingly recommended that this case be closed.

Respectfully submitted,

/s/ k meusling

KAREN A. MEUSLING
Supervising United States Probation Officer

ORDER OF COURT

It is ordered that this case be closed this 26th day of September, 19 2008


Frank C. Damrell Jr.
United States District Judge

Attachment

cc: United States Attorney's Office & Flu Unit
Federal Defender's Office
U.S. District Court - Financial Section

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

HEALTH CARE SERVICES

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

3200342001898

STATE FILE NUMBER		USE BLACK INK ONLY—NO ERASURES, WHITEOUT, OR ALTERATIONS		LOCAL REGISTRATION DISTRICT AND CLERK'S NUMBER	
STATE/LOCAL REGISTRATION USE ONLY	1	2	3	4	5
PART I			TYPE OR PRINT IN BLACK INK ONLY		
INFORMATION TO LOCATE RECORD	1. NAME—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)	4. SEX	
	JOHNNY	CHRISTOPHER	ROWLIN	M	
	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE		
	08/15/2003	LOMPOC	SANTA BARBARA		
PART II					
INFORMATION AS IT APPEARS ON RECORD	107. DEATH WAS CAUSED BY OTHER THAN ONE CAUSE FOR THE FOR A, B, C, AND D:		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER
	IMMEDIATE CAUSE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(A) PENDING CORONER'S INVESTIGATION				RETURNS NUMBER C-03-699
	(B)				109. BODIST PERFORMED
	(C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(D)				110. AUTOPSY PERFORMED
	(E)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(F)				111. USED IN DETERMINING CAUSE
	(G)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(H)				
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN BY 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE					
NO					
119. MANNER OF DEATH		120. INJURY AT WORK	121. INJURY DATE—MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
PART III					
INFORMATION AS IT SHOULD APPEAR	107. DEATH WAS CAUSED BY OTHER THAN ONE CAUSE FOR THE FOR A, B, C, AND D:		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER
	IMMEDIATE CAUSE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(A) ATHEROSCLEROTIC CORONARY ARTERY DISEASE		YEARS		RETURNS NUMBER C-03-699
	(B)				109. BODIST PERFORMED
	(C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	(D)				110. AUTOPSY PERFORMED
	(E)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(F)				111. USED IN DETERMINING CAUSE
	(G)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	(H)				
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN BY 107					
DIABETES MELLITUS, HYPERTENSION, OBESITY					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 or 112? IF YES, LIST TYPE OF OPERATION AND DATE					
NO					
119. MANNER OF DEATH		120. INJURY AT WORK	121. INJURY DATE—MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
DECLARATION OF CERTIFYING PHYSICIAN OR CORONER					
I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.					
8. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER		9. DATE SIGNED—MM/DD/CCYY		10. TYPED OR PRINTED NAME AND DEGREE/TITLE OF CERTIFIER	
<i>Patrick Trudgeon</i>		10/29/2003		PATRICK TRUDGEON, DEPUTY CORONER	
11. ADDRESS—STREET AND NUMBER		12. CITY		13. STATE	14. ZIP CODE
66 S SAN ANTONIO RD		SANTA BARBARA		CA	93110
15. OFFICE OF STATE REGISTRATION OR SIGNATURE OF LOCAL REGISTRAR		16. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY			
<i>Michael S. ...</i>		10/29/2003			
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR					

VS-2431/96
VS 24439

000179130

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

SS

DATE ISSUED

10/29/2003

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Health Care Services, County of Santa Barbara, California.

 HEALTH OFFICER
 HEALTH CARE SERVICES
 COUNTY OF SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

